



## Oxbow Eco-Center

A St. Lucie County Environmental Learning Center

5400 NE St. James Drive, Port St. Lucie, FL 34983

Phone: (772) 785-5833 \* Fax: (772) 785-5834

March 29, 2011

Dear Parents,

Thank you for your interest in **Oxbow Eco-Center/ 4-H's Going Wild Summer Camp**. We are planning five fun-filled days for kids who have an interest in learning about nature. Participants will learn about animals of yesterday and today, including the giant megafauna that once roamed Florida. On the final day of camp, participants will take a trip to Busch Wildlife Sanctuary to get up-close and personal with some of Florida's furry, scaled, or feathered friends.

**The Camp is designed for ages 8 through 12 and is set for June 20<sup>th</sup> through June 24<sup>th</sup> from 9:00am through 1:00pm. The cost of camp is \$85.** Extended hours are available through 3:00pm for additional \$30.

Florida's summer climate can be taxing. While our schedule of activities will ensure that participants aren't out for long periods of time during the hottest parts of the day, campers should be in good health and able to walk 1 to 2 miles.

Please read the enclosed materials carefully. If you and your child agree that this camp is right for you, please fill out and return all appropriate forms by June 6<sup>th</sup>.

Oxbow camps are kept small (minimum 12 and maximum 24 students) to ensure each camper gets the most from his or her experience. Because camp space is limited, please send in your registration as soon as possible.

Again, thank you for your interest. Please feel free to contact me if you have any questions.

Sincerely,

Amanda Thompson

Education Coordinator

thompsonam@stlucieco.org



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### What to Bring Each Day

- Reusable Water Bottle
- Lunch / Snacks – *Please avoid sending foods that require heating/cooking. You may include sports drinks or juice, but **no sodas please**. We will provide water each day.*
- Appropriate, comfortable clothing (not your favorite clothes because you'll be working with paints)
- Backpack
- Closed-toe/closed-heel shoes for hiking (tennis shoes preferred )
- A hat
- Sunscreen
- An inquisitive mind & positive attitude!

*Do not bring valuables, such as money, electronics, and prized possessions. Your time at camp will be packed with activities.*

### Policies & Procedures

#### Drop-off & Pick-up

- ❖ Campers may be dropped off between 8:30 a.m. and 9:00 a.m.
- ❖ Campers may be picked up between 1:00 p.m. and 1:30 p.m.
- ❖ A \$25 late fee will be charged each day a child is picked up after 1:30 pm, unless extended hours were previously arranged.
- ❖ Children will only be permitted to travel from camp with individuals on your "Pick-up Permission List" (form attached).
- ❖ All individuals picking up a child **MUST** show identification.

#### In the event of an injury to your child

- ❖ An injury report form will be filled out for all injuries.
- ❖ Parents will receive a copy of this form when you pick up your child.
- ❖ For injuries other than minor scrapes and bruises, parents will also be notified by phone

#### Behavior

- ❖ Oxbow Eco-Center reserves the right to deny access to the **Going Wild Summer Camp** for campers who show repeated lack of respect for facilities or staff, who are disruptive to the operation of the camp or hamper the enjoyment and learning of other campers.

#### Payment

- ❖ Non-refundable payment must be made upon submittal of registration.



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### Going Wild Summer Camp Registration Form— June 20<sup>th</sup>–June 24<sup>th</sup>, 2011

Full name of Parent/Legal Custodian/Guardian:		
Address:		
City:	State and Zip Code:	E-mail:
Home Phone:	Work Phone:	Alt. Phone:
<b>If you are unavailable, whom shall we contact in an emergency?</b> Name:	Phone:	Alt. Phone:
Name:	Phone:	Alt. Phone:

Full name of Camper:	
Birthdate:	Gender:
Nickname:	
<b><i>Note: Campers will be travelling to Busch Wildlife Sanctuary in Jupiter on Friday, June 24<sup>th</sup>.</i></b>	
Does your child have special needs? If yes, please explain:	

#### PAYMENT INFORMATION:

The cost of the camp is \$85. For extended hours through 3:00pm the total cost is \$120. Payment must accompany application.

☐ Enclosed is my Check for \$ \_\_\_\_\_

☐ Please charge my Credit Card \$ \_\_\_\_\_:

☐ Visa

☐ Mastercard

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address if different than above: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_





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### Medical Information

Name of Child:	Date of Birth:
Blood Type (if known):	
Name of Physician:	Physician's Phone:
Physician's Address:	
Allergies/Sensitivity to food, medicine, etc.:	
Anxieties, Nervous habits, Fears:	
Behavioral / Learning challenges:	
List all current medications, Rx or otherwise, and the conditions they treat:	

### Medical History

My child has/had (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Epilepsy, convulsions, dizziness       | <input type="checkbox"/> Allergy to medicine/food  |
| <input type="checkbox"/> Disease of heart/blood vessels         | <input type="checkbox"/> Hospitalization, surgery  |
| <input type="checkbox"/> Increased blood pressure               | <input type="checkbox"/> Depression, anxiety       |
| <input type="checkbox"/> Lung disease: asthma, persistent cough | <input type="checkbox"/> Learning difficulties     |
| <input type="checkbox"/> Pain in chest or shortness of breath   | <input type="checkbox"/> Hernia                    |
| <input type="checkbox"/> Stomach or intestinal trouble          | <input type="checkbox"/> Hay fever / allergies     |
| <input type="checkbox"/> Ulcers, gall bladder or liver disorder | <input type="checkbox"/> Impaired sight or hearing |
| <input type="checkbox"/> Skin diseases                          | <input type="checkbox"/> Chronic ear infections    |
| <input type="checkbox"/> Other _____                            |  |

Please explain all "checked" conditions or any medical condition we should be aware of:

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- ☐ Yes, Oxbow has my permission to treat minor wounds and bug bites with over-the-counter anti-bacterial / anti-itch ointments.

Guardian Signature \_\_\_\_\_





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# Camp Waiver & Medical Release

## Acknowledgement of Parent, Guardian, or Custodian of Camper:

*I hereby represent, warrant, and agree as follows:*

I am the parent, guardian, or person responsible for \_\_\_\_\_, hereinafter referred to as the 'child.' I am duly authorized to execute this document of behalf of the child.

I give permission for the child to participate in the Camp offered by *Oxbow Eco-Center / St. Lucie County/ UF/IFAS* from June 20 through June 24, 2011. I acknowledge that the child will be both inside and in the natural outdoor environment and recognize the inherent risks involved. I verify that said individual is in good health, able to walk 1 to 2 miles, and capable of tolerating Florida's summer conditions.

I further consent that St. Lucie County / *Oxbow Eco-Center* will obtain necessary emergency medical treatment and/or transportation for the minor child in the event of an accident, injury or sudden illness while said minor is engaged in a *St. Lucie County, Oxbow Eco-Center Camp Program*.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ST. LUCIE COUNTY/ UNIVERSITY of FLORIDA/IFAS, OXBOW ECO-CENTER, ITS EMPLOYEES, AGENTS AND VOLUNTEERS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ST. LUCIE COUNTY, OXBOW ECO-CENTER, ITS EMPLOYEES, AGENTS AND VOLUNTEERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ST. LUCIE COUNTY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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## Pick-Up Permission List

The following individuals have permission to transport my child to and from Camp.

(Note: anyone picking up your child must have a photo I.D.)

Name	Phone	Alternate Phone



\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## Photo Release

I hereby permit Oxbow Eco-Center/St. Lucie County, to photo-document the activities of the Camp. I give permission for photographs of my child to be used in articles, promotional fliers and advertisements.



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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### Code of Conduct

All prospective campers must read, understand and sign this agreement. Upon completion, please return this form to the Oxbow Eco-Center.

I, \_\_\_\_\_, agree to treat Oxbow property, including wildlife and plant life, Oxbow facilities, staff, and other campers with utmost respect while participating in the **Going Wild Summer Camp**. I will not collect plant or animal life without permission. I agree to follow directions, to obey all Oxbow rules, and to avoid behavior that is disruptive or destructive. I agree to be on my best behavior. I understand that failure to follow these rules may result in my being removed from camp activities and/or a call to my parents.

Camper's Signature: \_\_\_\_\_



Guardian Signature: \_\_\_\_\_

